



# R&D Experimental Equipment Testing Report Form

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- **Experimental Equipment Identification Number:** \_\_\_\_\_
- **Experiment Title:** \_\_\_\_\_
- **Project Reference Code:** \_\_\_\_\_
- **R&D Project Supervisor:** \_\_\_\_\_
- **R&D Sector Office:** \_\_\_\_\_
- **Testing Agent's Name:** \_\_\_\_\_
- **Next of Kin:** \_\_\_\_\_
- **Witnesses to Equipment Test:**

**Name:** \_\_\_\_\_ **Titles/Offices:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Loyalty Rating	R-15/18 Est.

■ Please describe, in detail, the test of the equipment, listing the nature, situation, environment, controls, and reactions of all tests performed on the equipment while in the testing agent's possession.

■ **Description of Experimental Equipment:**

- Was the equipment damaged in any way before, during, or after the test? If so, how? \_\_\_\_\_
- Did the experimental equipment perform as described? If not, what problems did you have with the equipment?  
 Yes  No
- Were the instructions included with the equipment adequate? If not, what other methods of crowd control can you think of?  
 Yes  No
- Was the equipment damaged in any way before, during, or after the test? If so, in what way?  
 Yes  No

■ Please list any and all instances in which the equipment was handled by any citizen other than the authorized testing agent listed above.

■ What do you think of the new taste of Bouncy Bubble Beverage? Are there any other Commissary products that you think need improving? Please put your answers in the box provided below:

- Do you have any complaints with the way that this equipment was designed?  
 Yes  No
- If there were flaws or problems in the equipment, who do you think is responsible?  
 The Computer  The Testing Agent  
 The R&D Supervisor  Communists  
 Other R&D Personnel  Other \_\_\_\_\_

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	Promoted	Commended	Transferred	Demoted	Terminated	
Post-Testing Resultant Personnel Disposition						R-13/27
R&D Supervisor						
Chief Engineer						
Production Supervisor						
Testing Agent						
Hygiene Officer						
Sponsoring High Programmer						

Form 120-9-4523-23-A/5

Filing Agent \_\_\_\_\_  
 Date of Processing \_\_\_\_\_  
 IntSec Approval \_\_\_\_\_